

GH/FFA-Regional Center Program Biennial Application/Request Checklist

A complete rate application/request must be submitted for each group home-regional center program or foster family agency-regional center program in operation to continue to have a program number. **A complete rate application/request is one that contains both Section 1 and Section 2 listed below.** Please submit all the requested documents and **indicate your program number on application/request.** If you are unsure of your program number, please refer to the Foster Care Rates Listing website: <http://www.childsworld.ca.gov/PG1343.htm#Lists>.

SECTION 1: REQUIRED FORMS

- ☐ 1.) SR1 for GHs or FCR 1FFA for FFAs;

FFAs please ensure that you complete items # 7d and 8c on the FCR 1FFA form. GHs please ensure items # 6c and 8b are completed on the SR1 form. In order to receive e-mail information, please print clearly and legibly, or **type** in the address by using the form on-line.

SECTION 2: REQUIRED DOCUMENTS

- ☐ 2.) Non Profit Declaration Statement: a statement **signed and dated** by the Board of Directors;
- ☐ 3.) Copy of all Community Care Licenses;
- ☐ 4.) List of current members of the Board of Directors. Please include full **names, titles, mailing addresses, telephone numbers, and e-mail addresses**;
- ☐ 5.) Franchise Tax Board or Internal Revenue Service tax exempt status letter;
- ☐ 6.) Copy of the Articles of Incorporation filed with the Secretary of State.
- ☐ 7.) Copy of the **regional center vendorization**/contractual agreement letter.

PLEASE NOTE: If item 6 (above) is already on file with our Department, you **do not** have to submit this document again; however, **please indicate on a cover letter that this item is on file and there have been no changes since the last submission.**

GROUP HOME ONLY

- ☐ Community Care Licensing (CCL) **Administrator's Certificate** - if provider is waiting for certification from CCL, please submit copies of: **1.)** letter to CCL, Administrator Certification Unit (ACU), **2.)** Course certificates, and **3.)** Copy of check to ACU;
- ☐ Copy of Facility Leases/Rental Agreements - if corporation owns property, please submit copy of deed indicating corporation name on deed;
- ☐ FCR 16 – Group Home Shelter Costs, Self-Dealing Transactions Declaration/Survey.

For online forms or samples please refer to the Foster Care Rates Bureau, Rate Application Requirement website located here:

<http://www.childsworld.ca.gov/PG2393.htm>

WHERE TO SEND APPLICATIONS

A complete rate application/request should be **mailed** to the attention of your Rates Consultant at the following address:

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Foster Care Rates Bureau
744 P Street, M.S. 8-11-74
Sacramento, CA 95814**